

## CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (5-99)

1. CIR./DIST./ DIV. CODE CAN	2. PERSON REPRESENTED CARMONA, JOSE MANUEL HERNANDEZ		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER CR-07-00332-MAG	4. DIST. DKT./DEF. NUMBER	5. APPEALS. DKT./DEF. NUMBER	6. OTHER DKT NUMBER	
7. IN CASE/MATTER OF (Case Name) UNITED STATES v. HERNANDEZ, ET AL.	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other... <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other... <input type="checkbox"/> Appellant	10. REPRESENTATION TYPE (See Instructions) CC	

11. OFFENSE(S) CHARGED (Cite U. S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense  
18:113(A)(4)

12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix), AND MAILING ADDRESS

SUZANNE A. LUBAN  
3758 GRAND AVE., #4  
OAKLAND, CA 94610

Telephone Number 510-832-3555

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide instructions, FILED

JUN 28 2007

RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

## 13. COURT ORDER

O Appointing Counsel  C Co-counsel  
 F Subs For Federal Defender  R Sub for Retained Atty.  
 P Subs for Panel Attorney  Y Standby Counsel

Prior Attorney's Name: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR

Other (See Instructions) \_\_\_\_\_

Mag. Judge Vadas

Signature Of Presiding Judicial Officer or By Order Of The Court

6/19/07

5/16/2007

Date Of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time of appointment.  YES  NO

## CLAIM FOR SERVICES AND EXPENSES

## FOR COURT USE ONLY

	CATEGORIES (attached itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. In Court	a. Arraignment And/or Plea b. Bail And Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify On Additional Sheets) (RATE PER HOUR = ) TOTALS:					
16. Out Of Court	a. Interview and conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and other work (Specify on additional sheets) (RATE PER HOUR = ) TOTALS:					
17.	Travel Expenses (Lodging, parking, meals, mileage, etc.)					
18.	Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):						

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
--	--	----------------------

22. CLAIM STATUS  Final Payment  Interim Payment Number \_\_\_\_\_  Supplemental Payment  
Have you previously applied to the court for compensation and/or reimbursement for this case?  YES  NO If yes, were you paid?  YES  NO  
Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation?  YES  NO If yes, give details on additional sheets.  
I swear or affirm the truth or correctness of the above statements.

Signature Of Attorney \_\_\_\_\_ Date \_\_\_\_\_

## APPROVED FOR PAYMENT - COURT USE ONLY

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOT. AMT. APPR./CERT.
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28A. JUDGE/MAG CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34A. JUDGE CODE